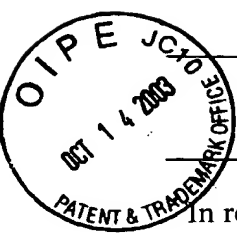


#90/10-25-03
10-25-03
PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: CASSIDAY et al.

Attorney Docket No.: SUN1P410/P5326

Application No.: 09/697,731

Examiner: CHUNG, Phung M.

Filed: October 25, 2000

Group: 2133

Title: METHOD FOR SUPERIMPOSING A
SEQUENCE NUMBER IN AN ERROR
DETECTION CODE USED IN A DATA
NETWORK

RECEIVED

OCT 21 2003

Technology Center 2100

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on October 6, 2003 in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signed: Sue Funchess
Sue Funchess

AMENDMENT C

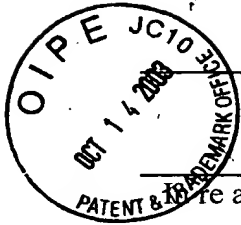
Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Examiner Chung:

This Amendment is in response to the Office Action dated July 30, 2003. The Applicants' representative kindly thanks the Examiner for her allowance of Claims 1-7. It is respectfully requested that the above-referenced patent application be reconsidered in view of the amendments and remarks herein. Kindly amend the above-entitled application as set forth below:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



2133

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Signed: _____


Sue Funchess**AMENDMENT C TRANSMITTAL**Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	16	MINUS	20	0	x 9 =	x 18 = \$-0-
Independent Claims	2	MINUS	3	0	x 42 =	x 84 = \$-0-
Multiple Dependent Claim Present and Fee Not Previously Paid					\$140.00	\$280.00
Total					\$	\$-0-

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0388 (Order No. SUN1P410).
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-0388 (Order No. SUN1P410).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLPFrancis T. Kalinski II
Reg. No. 44,177P.O. Box 778
Berkeley, CA 94704-0778